Corporate Presentation

AnHeart Therapeutics

Feb. 2021

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De-risked late-stage pipeline

Compound/ Target	Partner/ Originator	Non-Clinical	Early Clinical	Late Clinical	Expected First NDA Filing	AHT Rights
Taletrectinib AB-106 (ROS1/NTRK)	Daiichi-Sankyo	ROS1 NSCLC 1L*			Q4 2022	Global
		ROS1 NSCLC 2L*				
		NTRK Solid Tumors*				
AB-218 (IDH1)	Daiichi-Sankyo	Lower Grade Glioma 2L &1L*			Q1 2024	Ex-Japan (Daiichi Sankyo keeps Japan rights; aka DS-1001)
		Cholangiocarcinoma				
		AML				
AB-329 (AXL)	Daiichi-Sankyo	IO combo NSCLC			TBD	Global
		EGFRi combo NSCLC				

* Ph 2 single arm trial data can be sufficient for registration

Taletrectinib (AB-106) overview

Next generation ROS1 inhibitor for ROS1+ NSCLC

- Effective against crizotinib resistant mutations, especially G2032R mutation
- Effective in brain metastatic patients
- Long PFS time: mPFS 29.1 months and 14.2 months for TKI-naïve patients and 1 Prior-ROS1 TKI patients, respectively

Differential benefit vs. competitor, best-in-class potential

- Better brain penetration than Repotrectinib in a non-clinical model
- Potentially longer mPFS in 1 prior TKI patients
- Development status ahead of Repotrectinib in two major markets (China & Japan)

Sizable global market with quick market approval opportunity

- ROS1 2%~3% of NSCLC, NTRK 0.5% across multiple solid tumors
- Single-arm Ph 2 can be used as basis to support for accelerated approval
- Projected peak sales of over USD 1 billion for ROS1 NSCLC alone in major markets

Competitive analysis of approved and investigational ROS1 NSCLC agents

Compound	Sponsor	Status	BBB[5]	Median PFS	ORR	Efficacy against crizotinib resistance
Crizotinib	Pfizer	Approved for ROS1 NSCLC in all major markets	✗	15.9 mon[1]	72% (n=127)[1]	✗
Entrectinib	Roche	Approved for ROS1 NSCLC in Japan and US	✓	15.7 mon[2]	67.1% (n=161)[2]	✗
Repotrectinib	Turning Point Therapeutics	Phase II	✓	Naïve: 24.6 mon (N=11) 1 prior TKI: 3.6 mon (N=18)[3]	Naive: 12/14 (86%)[6] 1 prior TKI: 7/18 (39.0%)[3]	✓
Taletrectinib	AnHeart Therapeutics	Phase II	✓✓	Naïve: **29.1** mon (N=11) 1 prior ROS1 TKI: **14.2** mon (N=8)[4]	Naive:6/9 (66.7%) 1 prior ROS1 TKI: 2/6 (33.3%)[4]	✓

1. Crizotinib PFS is based on an East Asian study, which is comparable to taletrectinib Phase I patient population; this study does not include brain metastatic patients, but taletrectinib and entrectinib studies included brain metastatic patients
2. Krebs, M.G. et al Efficacy and safety of entrectinib in locally advanced/metastatic *ROS1* fusion-positive NSCLC: An updated integrated analysis. Annals of Oncology (2020) 31 (suppl_4): S754-S840. 10.1016/annonc/annonc283
3. Based on page 22 of TP's November 20, 2019 company overview, describing phase 1 results of repotrectinib with data cutoff in July 2019.
4. Based on US and Japan Phase 1 studies with data cutoff on August 19, 2020.
5. BBB refers to ability to cross the blood-brain barrier.
6. Based on phase 1 (n=7 cutoff date July 22, 2019) + phase 2 (n=7 cutoff date July 10, 2020) combined data of patients at or above phase 2 recommended dose. See Turning Point October 2020 corporate presentation.

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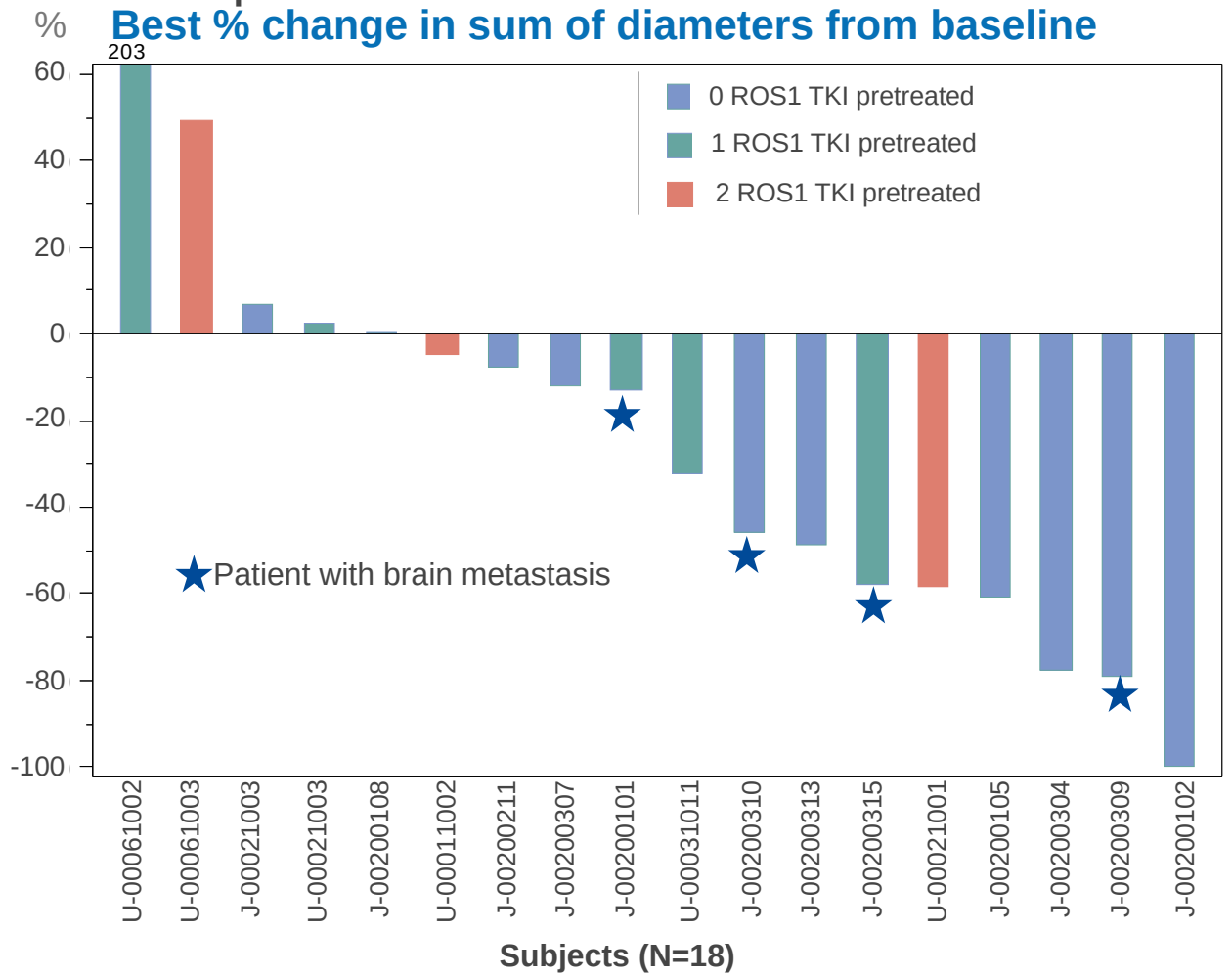
Phase I efficacy results in ROS1+ NSCLC patients[1]

Total 22 cases of ROS1+NSCLC, 18 with target lesion in ORR calculation; among the other 4 cases excluded, 1 achieved CR

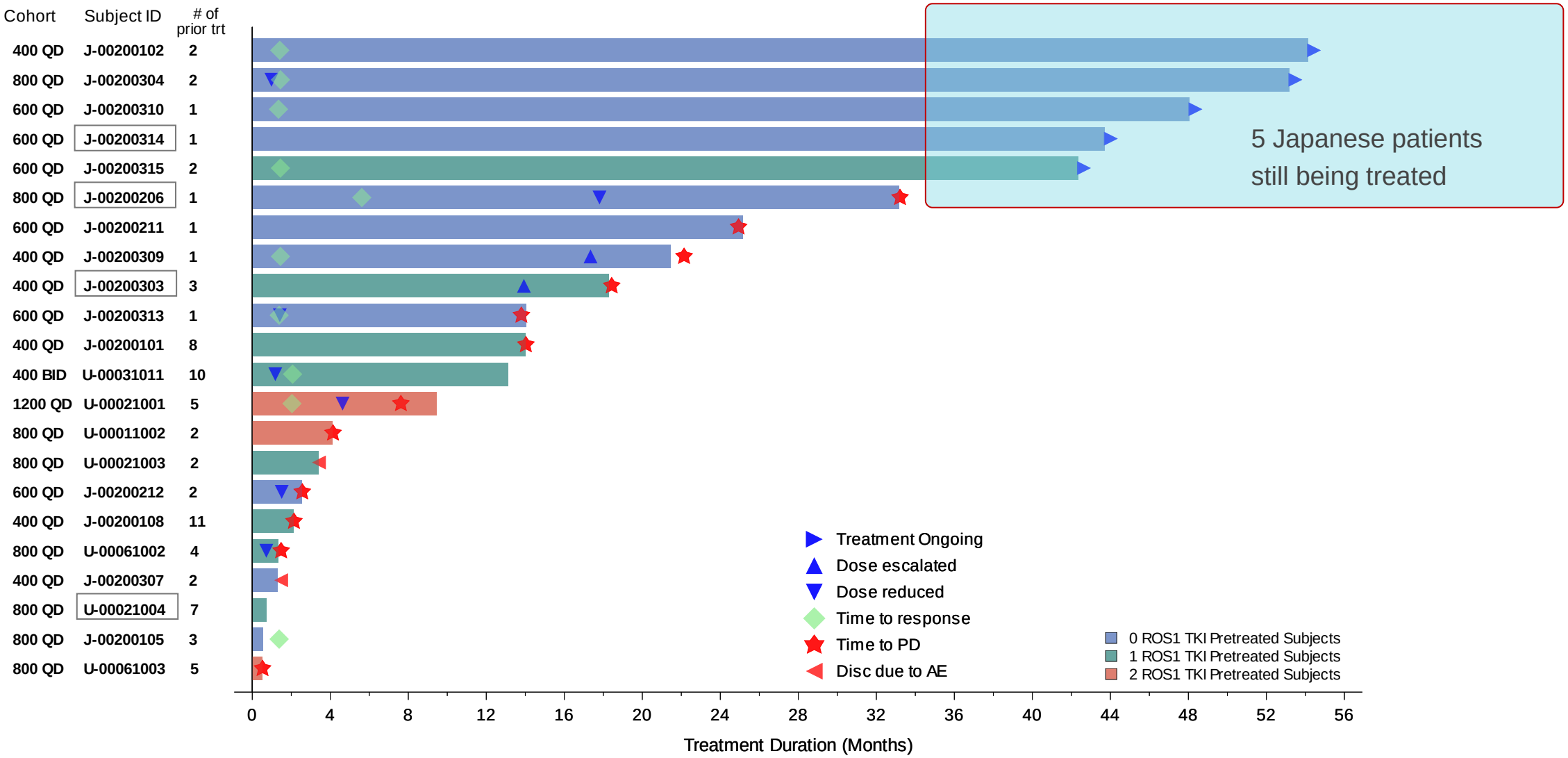
Parameter	Crizotinib naïve (n=11)	1 prior TKI (n=8)	prior TKIs≥2 (n=3)
ORR (n, %)	**6/9 (66.7)**	**2/6 (33.3)**	**1/3 (33.3)**
DCR (SD+ PR+CR) (n, %)	9/9 (100.0)	5/6 (83.3)	2/3 (66.7)
Duration of Response [2] (Months)	51.1+ 51.0+ 45.4+ 20.7 12.5 0.03 [3]	40.0+ 10.0	5.6
Median PFS [4] (Months)	29.1	14.2	4.1
PFS Range (Months)	1.4 – 52.5+	0.03 – 41.4+	0.3 -- 7.6

Still have five patients in long term follow up, also effective for brain metastatic patients



1. Based on U-101 and J-102 data cut off on August 19, 2020, published in JTO Clinical and Research Reports Oct. 20, 2020 see https://www.jtocrr.org/article/S2666-3643(20)30154-5/pdf
2. Does not include patient J-00200206, a crizotinib naïve patient who had no target lesion at baseline. The patient achieved CR with duration of response for of 27.6 months.
3. Patient J-00200105 was treated at dose above MTD and discontinued treatment due to AE. Patient's tumor response was PR and duration of response was counted as 1 day.
4. All 22 (11 for crizotinib naïve, 8 for 1 prior ROS1 TKI, and 3 prior ROS1 TKI≥2) patients were included in the PFS analyses

Long duration of benefit in 22 NSCLC ROS1 taletrectinib-treated patients[1]



Patients in [ ] are patients excluded from ORR analysis due to lack of target lesion.

1. Based on U-101 and J-102 data cut off on August 19, 2020, published in JTO Clinical and Research Reports Oct. 20, 2020 see https://www.jtocrr.org/article/S2666-3643(20)30154-5/pdf

Favorable safety profiles - the most frequently reported treatment related AE ≥20% from Phase I studies[1]

TRAE	All Grade *(N=61)*	≥ Grade 3 *(N=61)*
Nausea	29 (47.5)	0
Diarrhea	28 (45.9)	1 (1.6)
ALT increased	20 (32.8)	4 (6.6)
AST increased	20 (32.8)	4 (6.6)
Vomiting	18 (29.5)	0
Dysgeusia	14 (23.0)	0

1. Based on U-101 and J-102 data cut of March 2019

AB-218 mIDH1 inhibitor overview

IDH1 mutation is a validated target by Agios AG-120 and AG-881

- AG-120: Approved by FDA for IDH1+ relapsed or refractory AML in 2018; Ph3 for cholangiocarcinoma has met primary endpoints and NDA will be submitted by mid-2021; AG-120 China rights have been licensed to C-stone in 2018 for $12M upfront, $412M milestone payments and 15-19% royalty
- AG-881: Ph3 for grade II glioma ongoing
- Part of the $2B acquisition of oncology portfolio by Servier (Dec. 2020)

AB-218 is a better IDH1 inhibitor with good brain penetration

- AB-218 showed better efficacy signal and comparable safety profile compared to AG-881/AG-120 in Ph1 completed in relapsed or refractory glioma
- In Japan, Ph2 SAT trial on going for 1L grade II glioma, 250mg BID

AB-218 targets sizeable unmet medical demands and strengthens our relationship with DS

- IDH1+ Low Grade Glioma (LGG) with ~30,000 patients in US, Europe and China
- Plan to expand into other indications including IDH1+ cholangiocarcinoma (~7,000 patients globally, 70% in China) and AML

AB-218 shows better efficacy in than AG-881

	AB-218		AG-881(Vorasidenib)[3]	
Stage	Phase I		Phase I	
Trial No.	NCT03030066		NCT02481154	
Data cut off	Oct-30-2019		Nov-16-2018	Mar-3-2020[2]
Pts profile	Enhancing[1]	Non-Enhancing	Enhancing	Non-Enhancing
	IDH1-R132 mutation		48 IDH1, 3 IDH2, 1 unknown	
Efficacy	N=35	N=12	N=30	N=22
Complete response (CR)	1(2.9)	0	0	0
Partial response (PR)	5(14.3)	0	0	1(4.5)
Minor response (MR)	0	4(33.3)	0	3(13.6)
Stable disease (SD)	11(31.4)	8(66.7)	18(60.0)	16(72.7)
Progressive disease (PD)	17(48.6)	0	11(36.7)	2(9.1)
Not Evaluated	1(2.9)	0	1(3.3)	0
Objective response rate (ORR)	**6(17.1)**	**4(33.3)**	**0**	**4(18.2)**

1. The contrast enhancement is generally associated with a higher degree of malignancy.
2. 2020 ASCO data update with non-enhancing only and no update on enhancing patients.
3. AG-120: Approved by FDA for IDH1+ relapsed or refractory AML in 2018; Ph3 for cholangiocarcinoma has met primary endpoints and NDA will be submitted by mid-2021; AG-120 China rights have been licensed to C-stone in 2018 for $12M upfront, $412M milestone payments and 15-19% royalty. AG-881: Ph3 for grade II glioma ongoing. The two compounds are part of the $2B acquisition of oncology portfolio by Servier (Dec. 2020)

AB-329 AXL inhibitor overview

AXL inhibition has demonstrated preliminary clinical POC from BerGenBio

- BergenBio's BGB-324
  - Ph2 in combination with Pembrolizumab for 2L NSCLC chemo refractory has met endpoints, better efficacy than PD-1 Ab mono
  - Ph2 in combination with Pembrolizumab for 2L NSCLC CPI refractory, or CPI + chemo refractory ongoing

AB-329 showed better AXL inhibition activity & selectivity than BGB-324 and favorable safety profile in Ph1 studies

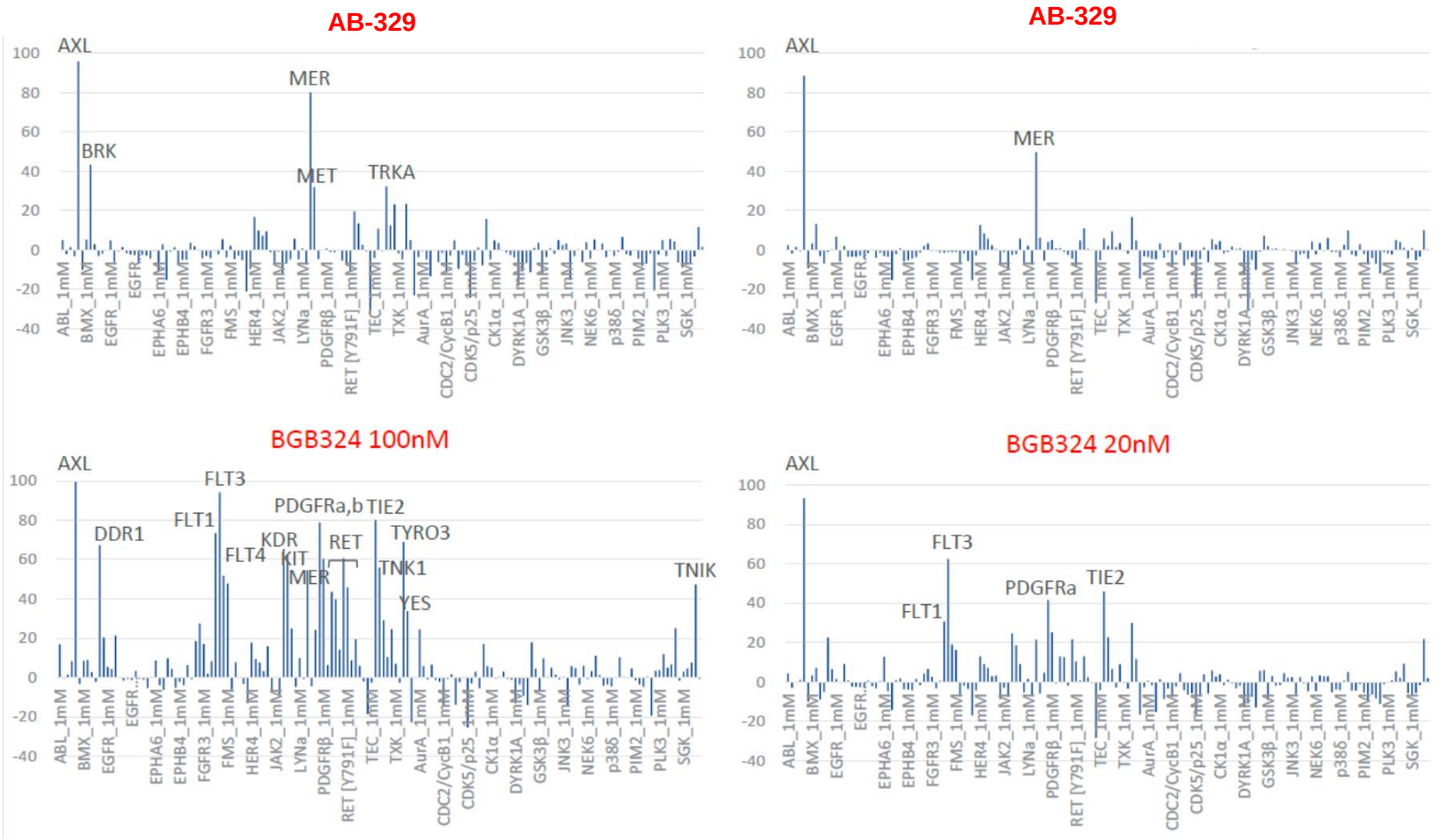
- Showed better AXL inhibition activity and selectivity than BGB-324
- Ph1 studies showed favorable safety profile and efficacy signal consistent with preclinical results
- Ready to explore combination therapies for indications including NSCLC and AML

AB-329 targets sizeable unmet medical need

- NSCLC: combo with PD-1 for AXL+ 2L NSCLC ~150,000 patients globally

AB-329 shows desirable preclinical properties

Kinase profile: CarnaBioSciences Inc. (161 kinases, ATP 1 mM)



Compound	AXL IC_{50} (nM)
AB-329	1.3 [1]
BGB-324	14 [2]

- AB-329 IC_{50} 10 times lower than BGB-324
- AB-329 more selective on AXL than BGB-324
- GLP and Clinical Safety
  - No critical safety concerns were identified in GLP studies
  - No genotoxic potential
  - Well tolerated in *in vivo* studies, toxicity is low
  - No safety concerns in Phase I

[1] Dec-2019_Daiichi presentation [2] May-2020_BerGenBio company presentation

Seasoned executive team with broad drug development experience

Junyuan Wang, PhD

Chief Executive Officer and Founder

19 years of drug development experience with two successful NDAs

Bing Yan, MD MBA

Chief Medical Officer and Founder

20 years of drug and vaccine development with many approvals

Lihua Zheng, JD PhD

Chief Business Officer and Founder

13 years of transactional and research experience in biotech business

Frank Fan, MD MBA

Head of Clinical Development Strategy

25 years of clinical development

Dagang Chen, PhD

Head of CMC and GM of Hangzhou site

Over **25** years of biologic research and manufacturing experience

All logos under each executive's name on this page refer to such executive's prior employers who own all rights to the logos.

Clinical advisory board

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One of the top lung cancer oncologists in Japan

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Principal Investigator of taletrectinib Japan Phase 1 study

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Principal Investigator of taletrectinib U.S. Phase 1 study

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One of the top lung cancer oncologists in China

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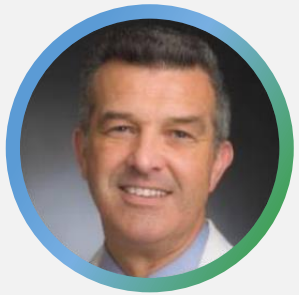

David A. Reardon MD

One of the top glioma experts in the world

Professor, Clinical Director, Center for Neuro-Oncology, Dana-Farber Cancer Institute

Harvard Medical School

Corporate highlights

Company founded in Q4:2018, raised 39M USD in Series A and A+ rounds, raising B round

A global biotech run by a management team with proven track record of successful global clinical development in major pharma companies

Three clinical stage and potential Best in Class oncology assets: two with global rights and one with ex-Japan rights to co-develop with a big pharma

Lead asset taletrectinib currently in registration trials for NSCLC, early interim data read out in Q2:2021, and first commercial launch expected in Q3:2023

Thank You!

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